State Fire Marshal's Office 45 Commerce Drive, Suite 1 Augusta, Maine 04330 207-626-3889 Phn 207-287-6251Fax eric.j.ellis@maine.gov

## Application / Renewal Form for

## RESPONSIBLE MANAGING SUPERVISOR LICENSE

Complete this form, then mail to the above address with a check made out to "Treasurer, State of Maine". (The fee is waived for P.E.s registered in Maine when a photocopy of that record is attached.)

	Initial Licen	se (\$300*)	Re	newal License (	\$300*)
			Cu	rrent License Nu	ımber
*(Compo	any rate is \$225/li	cense when the	company pays for	r more than 3 RMS	S licenses.)
Your Name t	the way that you w	vant it to appe	ar on your licens	e:	
***************************************		**			
Street:					
Town:			_ State:	Zip:	
Work Phone	:				
Fax:					
E-Mail:					
Car/Cell Pho	ne:				
Pager:					
Home Phone	<b>)</b> :				
One of the fo	ollowing is require	d:	-		
Maine P.E. Nu		N.I.C.E.T III N		N.I.C.E.T IV Nu	
	t a renewal, then you m .E. applicants must als				
	chanical, piping or rela			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	ask us who to con		work. If you do N	IOT want the follo	wing made
available to ti	ne public, then che		م معمل ما ما ما	□ No fo	
	No-address		lo-work phone	No-fa	X
Signature: _					
17/17/	are responsible for not is for office use only:	fying our office in	writing of changes in	the above submitted	information.
ate Received	Fee Received	Check #	Date Issued	Expiration Date	Number Issued